

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
Bureau of Child, Family Community Wellness  
Suicide Event Review Presentation

Death Event Number: Year. Sequence	2014.01	Effective Date:	5-Jun-14
<b>1. Individual's Name</b>		Last Name:	
First Name:		Middle Initial/Name:	
Zip Code of Residence		Zip Code of Location of Death	
City of Residence		County of Residence	
City of Death		County of Death	
<b>2. Dates/Age</b> (Youth/Young Adult/Middle Age/Elder)		Age at Date Death:	0
Date of Birth:		Date of Death:	
Place of Birth			
<b>3. Gender:</b>			
Male		Transgender, Male to Female	
Female		Transgender, Female to Male	
<b>4. Sexual Orientation:</b>		Questioning	
Heterosexual		Bi-Sexual	
Gay		Lesbian	
<b>5. Relationship Status:</b>		Separated	
Married		Single	
Partnered		Widowed	
Divorced			
<b>6. Children/Sibling Status:</b>			
	Yes/No		
Girls		Boys	
<b>7. Employment History</b>		Occupation/Profession	
Currently Employed	Yes/No	Laid Off (date)	
Quit (date)		Retired (date)	
Fired (date)		Disabled (date)	
<b>8. Military Status (Affiliation)</b>		Related to Military Member or Veteran	
Branch Service (Army/Navy/Air Force/ Marines/Coast Guard)		World War II	
Active Duty		Korean War	
Active Reserve		Vietnam	
Active Guard		Cold War	
# of Deployments and when		Desert Shield/Storm	
# of Combat deployments and when		Operation Iraqi Freedom	
Officer or Enlisted		Operation Enduring Freedom	
Job Title		Type of Discharge and When	

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<b>9. Community Connectedness</b>			
Religious Affiliation		Member of Clubs or Social Organizations	
AA 12 Step			
Other Support Groups			
<b>10. Education</b>		Level of Education	
Currently Going to School	Yes/No	Trade School	
Grade			
Type of School (MS, HS, Collage)			
<b>11. Race and Ethnicity</b>			
American Indian or Alaska Native		Native Hawaiian or Pacific Islander	
Asian		White	
African American		Hispanic or Latino	
<b>12. Recent Health Care Involvement</b>			
<b>Recent Doctors Visits</b>		<b>Prescribed Medication Current and Past</b>	
Approximate Date of last Visit			
Diagnosis			
Approximate Last ER visit			
Type of Doctor (specialty)			
<b>13. Suicide Attempts or History of Thoughts of Suicide</b>			
Previous Suicide Attempts	Yes/No	Legal 2K Actions	Yes/No
Number of Attempts		Same Method and Means	Yes/No
Time Between Last Attempt/Death			
<b>14. Communicating thoughts of Suicide</b>			
Suicide Note	Yes/No	Witnesses	Yes/No
Social Media Entries	Yes/No	Other	
Healthcare Provider	Yes/No		
<b>15. Division, Bureau or Institution eligibility [check the primary bureau or institution in which the individual has been eligible for services]</b>			
<b>Community Based Care Services</b>		<b>Children, Youth, Elder and Families</b>	
Behavioral Health (date)		Protective Services (date)	
Developmental (date)		Foster/Adult care (date)	
Drug & Alcohol (date)		Abuse or Neglect (date)	
Elderly & Adult (date)			
Homeless & Housing (date)		<b>Adult and Juvenile Justice Services</b>	
Hospital (date)		Current Incarceration (location/date)	
Mental Disability (date)		Previous Incarceration (location/date)	
Physical Disability (date)		Probation	
VA Benefits (date)		Parole	
		Facing Possible Charges (Describe)	

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<b>16. Current or Past Life Situations Which Could have Lead to the Suicide,</b>		<b>Tox report?</b>	<b>Yes/No</b>
Alcohol Intoxication at Time of Death		Loss of Job (or threat)	
Under Drug Influence at Time of Death		Problems with Work	
Interpersonal (Domestic) Disputes		Problems with School	
Divorce (# of times)		Financial Issues	
Death of a Family Member		Gambling Problems	
Thoughts of Suicide or actions by Family		Family History of Substance Abuse	
Self Harm (within 1/6 months, a year, lifetime)		Home Foreclosure (or pending)	
Homelessness		Thoughts of Suicide or actions by Friend/Peer)	
History of Substance abuse		Current Self harm	
<b>17. Location &amp; Method</b> (action or technics to carry out the act) <b>and Means</b> (interment or object used to carry out the act)			
<b>LOCATION</b>		<b>SUFFOCATION/STRANGULATION</b>	
Own Residence		Rope/Belt/Dog Leash	
Traveled < 1 Mile		Bag	
Traveled > 1 Mile		Kit (Gas)	
Left Town (miles)		Carbon Monoxide	
<b>FIREARM</b>		Other	
Handgun (caliber)			
Long gun (caliber)		<b>JUMPING</b>	
Other		Bridge (River)/Dam	
<b>OVERDOSE</b>		Building/Structure	
Prescription Drugs		Overpass Car/Train	
Street Drugs		Other	
Other		<b>DROWNING/SUBMERSION</b>	
<b>HANGING</b>		Pool	
Rope		Bathtub/Hot tub	
Belt		Pond/Lake/Ocean	
Dog Leash		Other	
Other			
<b>POISONING</b>		<b>CUTTING</b>	
Solid		Knife, Kitchen/Hunting	
Liquid		Knife, Utility (Razor Blade)	
Gas		Razor Blade	
Other		Other	
<b>OTHER TYPES</b>			
Suicide By Leagal Intervention		Intentional Motor Vehicle Crash	
Other			

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OWNER OF THE INSTRUMENT		Homicide/Suicide	
Owner (Self)		Multiple Murders/Suicide	Yes/No
Family		Single Murders/Suicide	Yes/No
Friend			
Other			
18. Narrative of the case:			
13. Death Review Presenter			
Last Name:		First Name:	
Middle Initial:		Name of Agency	

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